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CONFIRMATION NO. 5049

<b>SERIAL NUMBER</b> 10/683,754	<b>FILING OR 371(c) DATE</b> 10/10/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> SCHNEIDER-NIESKENS - 3	
<b>APPLICANTS</b> Reinhold Schneider-Nieskens, Celle, GERMANY; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> GERMANY 202 15 801.2 10/15/2002 <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 01/08/2004</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met allowance Verified and Acknowledged <i>[Signature]</i> <i>[Initials]</i> Examiner's Signature		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 25889					
<b>TITLE</b> Breast prosthesis having an adhesive layer					
<b>FILING FEE RECEIVED</b> 485	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		